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PROFESSIONAL PATENT SERVICES

1725 Duke Street, Suite 650

Alexandria, Virginia 22314

Phone (703) 838-7683/Facsimile (703) 838-7684

E-Mail: patserv@lacasse-patents.com

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**CONFIDENTIAL
FACSIMILE TRANSMITTAL SHEET****DATE SENT:** September 1, 2004**DELIVER TO:****Name:** Examiner Matthew S. Gart**Company:** USPTO/GAU 3625**Phone No:** 703-305-5355**Fax No:** 703-872-9306**FROM:** Ramraj Soundararajan**SERIAL NO.:** 09/500,439**OUR DOCKET:** AM9-99-0133

THERE WILL BE A TOTAL OF **3** PAGE(S) INCLUDING THIS COVER SHEET.
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PLEASE ACKNOWLEDGE & RETURNX **NOTICE OF APPEAL (IN DUPLICATE)****DOCKET:** AM9-99-0133**SERIAL NO.:** 09/500,439**IN RE APPL. OF:** Ruvolo et al.**TITLE:** System and Method for Renewing Business, Professional and Personal Contacts**PGS OF SPEC:** **PGS OF CLAIMS:** **PGS OF DRAWINGS:** **AGENTS:** Randy W. Lacasse
Jaclyn A. Schade**TOTAL CHARGES:** \$330.00

PTO/SB/31 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ Signature _____ Typed or printed name _____		In re Application of Ruvolo et al.	
		Application Number 09/500,439	Filed 02/09/2000
		For System and Method for Renewing Business, Professional and Personal Contacts	
		Art Unit 3625	Examiner Gart, Matthew S.
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____	
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<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
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I am the			
<input type="checkbox"/> applicant/inventor.		Ramraj Soundarajan Signature	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Ramraj Soundarajan Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 53,832		(703) 838-7683 Telephone number	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		9/1/04 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ <u>330.00</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>09-0441</u>. I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. </div> <div style="width: 15%; text-align: right;"> \$ _____ </div> </div> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>53,832</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____ </div> <div style="width: 50%;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Ramraj Soundararajan</u> Typed or printed name </div> <div style="text-align: center;"> <u>(703) 838-7683</u> Telephone number </div> <div style="text-align: center;"> <u>09/1/04</u> Date </div> </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>							
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